

STATE OF WYOMING  
OIL AND GAS CONSERVATION COMMISSION  
Office of State Oil and Gas Supervisor  
P. O. Box 2640  
Casper Wyoming 82602

API NUMBER:
COUNTY

**WELL INTEGRITY REPORT**

(Submit in Duplicate)

TEST DATE: \_\_\_\_\_

WATER DISPOSAL WELL:  ENHANCED RECOVERY WELL:  OTHER:  \_\_\_\_\_

UIC PERMIT NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

REP'S PHONE & ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FIELD/ UNIT WELL NAME AND NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ COUNTY \_\_\_\_\_

PRESENT AT COMPLETION: \_\_\_\_\_ YES \_\_\_\_\_ NO

CASING TESTED IN MY PRESENCE: \_\_\_\_\_ YES \_\_\_\_\_ NO PRESSURE: \_\_\_\_\_ PSI \_\_\_\_\_ MINUTES

PACKER TESTED IN MY PRESENCE: \_\_\_\_\_ YES \_\_\_\_\_ NO PRESSURE: \_\_\_\_\_ PSI \_\_\_\_\_ MINUTES

SURFACE - PROD. CSG. ANNULUS: \_\_\_\_\_ PSI PRODUCTION CSG.- TBG. ANNULUS: \_\_\_\_\_ PSI

DISPOSED/ INJECTED WATER SAMPLE TAKEN: \_\_\_\_\_ YES \_\_\_\_\_ NO (ATTACH WATER ANALYSIS WHEN OBTAINED)

THIS WELL SEEMS TO BE COMPLETED IN ACCORDANCE WITH WOGCC RULES CHAPTER 3, SECTION 36, & CHAPTER 4, SECTIONS 1 & 3.

\_\_\_\_\_ YES \_\_\_\_\_ NO IF NO, WRITE REPORT

I hereby certify that this report is true and correct to the best of my knowledge.

**(THIS REPORT MUST BE NOTARIZED IF A WOGCC INSPECTOR WAS NOT PRESENT TO WITNESS.)**

NAME OF OPERATOR: \_\_\_\_\_

(Signature)

(Title)

REMARKS:

\_\_\_\_\_  
(WOGCC INSPECTOR)

_____ " CASING @	_____ ' PBTD @	_____ '
_____ " INT. CSG (LINER) @	_____ ' TO	_____ '
_____ FORM PERFS	_____ ' TO	_____ '
_____ FORM PERFS	_____ ' TO	_____ '
_____ PACKER @	_____ ' ON	_____ " TBG
_____ INJ. PRESSURE / RATE	_____ BBL/ DAY	
_____ INJ. PRESSURE / RATE	_____ BBL/ DAY	